

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text"/> <b>13472</b>	2 Fiscal Year Covered From <input type="text"/> / <input type="text"/> / <input type="text"/> Through <input type="text"/> / <input type="text"/> / <input type="text"/> <b>1 / 01 / 04 Through 12 / 01 / 04</b>
3 Name and address of person filing Name <input type="text"/> <input type="text"/> <input type="text"/> <b>James R Schwartz</b> P O Box Bldg Room No If any <input type="text"/> Street <input type="text"/> <b>3777 Stevens Creek Blvd #300</b> City <input type="text"/> <b>Santa Clara</b> State <input type="text"/> ZIP Code + 4 <input type="text"/> <b>California 95051</b>	4 Name file number and address of labor organization Name <input type="text"/> <b>District Lodge 190 of No CA I AMAW</b> Labor Organization File Number <input type="text"/> <b>09-127</b> P O Box Building and Room Number if any <input type="text"/> Street <input type="text"/> <b>7717 Oakport St Ste 1</b> City <input type="text"/> <b>Oakland</b> State <input type="text"/> ZIP Code + 4 <input type="text"/> <b>California 94621</b>
5 Position in labor organization <input type="text"/> <b>Business Representative</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> <b>N/A</b> Trade Name if any <input type="text"/> P O Box Bldg Room No If any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest Transaction or Income <input type="text"/> <b>N/A</b> 7 b Amount <input type="text"/>

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

On

**8-15-05**

Date

**408 551-2280**

Telephone Number

Name of Person Filing <u>Schwartz, James R.</u>	File Number <u>U</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name James M Schwartz  
Trade Name if any Kraw + Kraw  
P O Box Bldg Room No if any                       
Street 333 W San Carlos St, Ste 200  
City SAN JOSE  
State CA ZIP Code + 4 95110

9 Business deals with

- ☐ a Labor Organization  
☒ b Trust  
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Santa Clara County Automotive  
Apprenticeship Fund  
Trade Name if any                       
P O Box Bldg Room No if any                       
Street                       
City                       
State                      ZIP Code + 4                     

11 a Nature of such dealing

Legal Counsel to trust  
Fund I am a trustee on  
the Fund

11 b Approximate dollar value of such dealing

\$1,200.00

12 a Nature of interest held or income received

Wife works for Kraw + Kraw  
as an attorney

12 b Amount

est \$148,000.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name N/A  
Trade Name if any                       
P O Box Bldg Room No if any                       
Street                       
City                       
State                      ZIP Code + 4                     

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment